S. No. 2
M—1/47
v. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2483

Primary Registration District No. 1003

Registrar's No. 868

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1832 Russell Blvd 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EWING, GEORGE WASHINGTON
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 718-07-7140
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Ewing
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased July (Month) 4 (Day) 1889 (Year)

8. AGE: Years 58 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace East St. Louis (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Chief claim adjuster
11. Industry or business C. M & O. Railroad
MOTHER FATHER
12. Name James K. Ewing
13. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)
14. Maiden name Adah McCready
15. Birthplace East St. Louis (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Mrs. George Ewing
(b) Address 1832 Russell, St. Louis Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.
18. (a) Signature of funeral director C. C. Kurrus, Jr.
(b) Address East St. Louis, Ill.
19. (a) JAN 28 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 26
year 1948 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from 20 JAN, 1948, to 26 JAN, 1948, that I last saw him alive on 26 JAN, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage — 1 day
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury
23. Signature (M. D. or other) MD
Address Mo Pac Hosp Date signed 1-27-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.